

Food and Drug Administration 9200 Corporate Boulevard Rockville MD 20850

APR 2 3 1999

Mr. Chua Hooi Koon Alliance Rubber Products Sdn. Bhd. Lot 2716 & 2720, MK 7, Kawasan Perindustrian Bukit Panchor, 14300 Nibong Tebal, Pulau Pinang, MALAYSIA

Re: K990427

Trade Name: Arsoft Nitrile Examination Gloves,

Non-Sterile Powder-Free

Regulatory Class: I Product Code: LZA Dated: August 2, 1998

Received: February 11, 1999

Dear Mr. Koon

We have reviewed your Section 510(k) notification of intent to market the device referenced above and we have determined the device is substantially equivalent (for the indications for use stated in the enclosure) to devices marketed in interstate commerce prior to May 28, 1976, the enactment date of the Medical Device Amendments, or to devices that have been reclassified in accordance with the provisions of the Federal Food, Drug, and Cosmetic Act (Act). You may, therefore, market the device, subject to the general controls provisions of the Act. The general controls provisions of the Act include requirements for annual registration, listing of devices, good manufacturing practice, labeling, and prohibitions against misbranding and adulteration.

If your device is classified (see above) into either class II (Special Controls) or class III (Premarket Approval), it may be subject to such additional controls. Existing major regulations affecting your device can be found in the Code of Federal Regulations, Title 21, Parts 800 to 895. A substantially equivalent determination assumes compliance with the Good Manufacturing Practice for Medical Devices: General (GMP) regulation (21 CFR Part 820) and that, through periodic GMP inspections, the Food and Drug Administration (FDA) will verify such assumptions. Failure to comply with the GMP regulation may result in regulatory action. In addition, FDA may publish further announcements concerning your device in the Federal Register. Please note: this response to your premarket notification submission does not affect any obligation you might have under sections 531 through 542 of

the Act for devices under the Electronic Product Radiation Control provisions, or other Federal laws or regulations.

This letter will allow you to begin marketing your device as described in your 510(k) premarket notification. The FDA finding of substantial equivalence of your device to a legally marketed predicate device results in a classification for your device and thus, permits your device to proceed to the market.

If you desire specific advice for your device on our labeling regulation (21 CFR Part 801 and additionally 809.10 for in vitro diagnostic devices), please contact the Office of Compliance at (301) 594-4692. Additionally, for questions on the promotion and advertising of your device, please contact the Office of Compliance at (301) 594-4639. Also, please note the regulation entitled, "Misbranding by reference to premarket notification" (21 CFR 807.97). Other general information on your responsibilities under the Act may be obtained from the Division of Small Manufacturers Assistance at its toll-free number (800) 638-204/1 or (301) 443-6597 or at its internet address "http://www.fda/gov/cdrh/dsmamain.html".

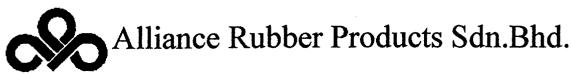
Sincerely yours

Timothy A. Ulatowski

Director

Division of Dental, Infection Control, and General Hospital Devices Office of Device Evaluation Center for Devices and Radiological Health

Enclosure



Lot 2716 & 2720, MK 7, Kawasan Perindustrian Bukit Panchor, 14300 Nibong Tebal,

Pulau Pinang, Malaysia.

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Your Ref:

Our Ref : CHK/080299/04

Date: 08-02-99 Page:1/1

ATTACHMENT 2:

Per 21 CFR 801.109

INDICATION FOR USE		
Applicant : ALLIANCE RUBBER P	RODUCTS SDN. BHD.	
510(k) Number (if known):		
Device Name: NITRILE EXAMINA	ATION GLOVES, NON-ST	ERILE, POWDER FREE.
Trade Name: ARsoft OR other client	t's trade name.	
Indication For Use:		
A medical gloves is worn on the hand contamination between health care pe		personnel to prevent

Concurrence of C	DRH Office of Device Eva	luation (ODE)
(b)-	01	
- Charles Oi	n Silim	
(Division Sig	gn-Off) Dental, Infection Concess.	
and General]	Hospital Devices	
510(k) Numb	er K990427	
Prescription Use	OR	Over-The-Counter X